

# 2009 Service Level Checklist



## Please Report Only IDOE Consortium Services On This Form

School Corp Name: \_\_\_\_\_

Corp ID: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

This form will be used to double-check so that the correct information is submitted for the 2009 E-Rate application and to ensure that we are aware of any upgrades you desire to make. Please include only circuits that will be filed in the IDOE Internet Consortium application for 2009. **PLEASE PRINT THIS FORM AND RETURN TO IDOE BY DECEMBER 22, 2008.**

Service Site Number	Site Name and Physical Address	Current Services								Additional Services								
		Number of Head T-1	Number of Tail T-1	Enhanced Internet Access *	Integrated FW - ENA Hosted	15MB DS3	45MB DS3	Fiber Head	Fiber Tail	Number of Head T-1	Number of Tail T-1	Enhanced Internet Access *	Integrated FW - ENA Hosted	15MB DS3	45MB DS3	Fiber Head **	Fiber Tail **	Already Ordered Y/N
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		

\* Enhanced Internet Access represents customer owned firewall which has been integrated into the ENA network.

\*\* For fiber, please indicate desired bandwidth in the Special Instructions/Additional Comments section below.

If you are requesting additional services, someone from ENA will contact you with pricing. If you have already ordered the designated E-Rate eligible services, please indicate by placing a "Y" in the last column. Unless otherwise noted, any new service will begin on July 1, 2009.

I hereby certify that I am authorized to order additional service for the above named school corporation.

SIGNED: \_\_\_\_\_ Position: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Special Instructions/Additional Comments Related to Requested Services:

Please mail original form to E-Rate Program, 151 W. Ohio Street, Indianapolis, IN 46204

Please contact Marcia Ping at 317-232-9186 or [mping@doe.in.gov](mailto:mping@doe.in.gov) if you have any questions.

Please contact your ENA ASM if you would like an electronic copy of this template.

**REMINDER: Letter of Agency, Form 479, and the Technology Plan Certification Update must also be returned to the IDOE.**